Water Recreation Injury/Death Reporting Form



This form is for local health jurisdictions to use when investigating and reporting serious injuries and deaths that occur at water recreation facilities. Serious injury is defined in WAC 246-260-010(66). For guidance on completing this form, use the "Instructions and Rationales" document.

Send completed forms to the state Department of Health at WaterRecreation@doh.wa.gov. If assistance is needed, contact our Water Recreation Program at 360-236-3330 or www.doh.wa.gov/watersafetycontact.

I. General Information			
1. Investigation Date:			
2. Investigator Name:			
3. Investigator Agency:			
4. Date of Incident:			
5. Time of Incident: :			
6. Facility Name:			
7. Facility Address:	County:		
8. Facility Phone:			
9. Facility Owner or Operator Name:			
10. Date when the agency was notified of this incident:			
11. Who reported the incident?			
II. Incident Information			
12. Was this impact injury or drowning?			
13. Any underlying health condition that preceded and may have contributed to the incident? Yes No Information not available			
14. Did the victim appear to be or confirmed to be intoxicated? Yes No Information not available If yes, what? Alcohol Drug/Medication Other: Who provided the information? Witness Police Report Coroner's Report Other:			
15. Was this the first time the victim used this facility?			

16. How long had the victim been in the water before the incident? minutes ☐ Information not available ☐ N/A				
17. Was the victim doing any of these things? Intentionally swimming underwater or staying underwater for long periods. Hyperventilating or taking rapid deep breaths before going under water. Neither Information not available				
18. What was the victim doing prior to the incident?				
For Impact Injury, fill out #19-23				
19. Type of injury?				
20. Part of the body injured?				
21. Where did the injury occur?				
22. What was the victim impacted against? Pool deck Pool floor Pool wall Pool bench Beach floor Diving equipment Another bather Information not available Other:				
23. What was the water depth where impact occurred? feet deep Information not available N/A				
For Drowning, fill out #24-29				
24. Was active drowning witnessed?				
25. How deep is the water where the victim was last seen? feet deep Information not available				
26. What time was it when the victim's face was first submerged? : AM PM Information not available				
27. How deep is the water where the victim was recovered from? feet deep Information not available				
28. Exact time when the victim was removed from the water? :				
29. Duration the victim was underwater? minutes seconds Information not available				

Outcome After the Incident				
30. What happened to the victim after the incident? Treated and released at the site Transported to ER or clinic Pronounced dead at the site Information not available Other:				
31. If transported to ER or clinic, what happened after? Treated and released Admitted to hospital Pronounced dead Information not available N/A Other:				
32. If admitted to hospital, what happened after? Treated and released Referred for further care N/A Other:				
33. Final outcome of the injury?				
III. Victim Information				
34. Age? years and months old				
35. Height? feet inches				
36. Weight? pounds				
37. Gender? Male Information not available Other:				
38. Primary Language spoken at home?				
39. What was the person wearing? Swim suit Street clothes Other:				
40. Was the person wearing a Coast Guard certified lifejacket?				
41. Swimming ability? Non-swimmer Can only float Beginner Can swim 80 ft (approx. 25 m) Intermediate or better Information not available				
42. Has the person taken any swim lessons? Yes No Information not available				
IV. Facility Information				
43. Is this facility usually lifeguarded?				
44. Facility type? Swimming pool Spa pool Spa pool Spray pool Wave pool Waterslide Waterslide receiving pool Bathing beach Other:				
45. Indoor or outdoor?				

46. Surface area of the water?
47. Maximum bather load of the facility? bathers \[\] Information not available \[\] N/A
48. Actual bather load at the time of incident? bathers \[\] Information not available \[\] N/A
49. Lifeguard/attendant stationed at the pool/beach at the time of incident? Yes No Information not available
If yes, how many lifeguards/attendants were actively guarding the facility?
How many lifeguards/attendants were supposed to be guarding this facility according to the facility's lifeguarding plan?
50. Were there children (17 years or younger) unsupervised in the pool without a responsible adult, a lifeguard/attendant, or a buddy at the time of incident as required? Yes No Information not available
For facilities that <i>are</i> usually lifeguarded, fill out #51-58
51. Do lifeguarding plans exist? Yes No Other:
52. Was lifeguarding operation at the time of incident consistent with the lifeguarding plans? Yes No Information not available Other: If no, describe any deviation from the plans:
53. Do lifeguards/attendants have drills for meeting 30 second response at least twice a year? Yes No Other:
54. Are all lifeguards/attendants CPR and First Aid certified? Yes No Other:
55. Do lifeguards/attendants have designated lifeguard stations?
56. Are lifeguards/attendants rotated and provided resting periods? Yes No Other:
57. Are in-service training programs provided and recorded? Yes No Other:
58. Do lifeguards/attendants perform regular drills to ensure they can effectively rescue in deep areas of pool/beach? Yes No Other:
For facilities that are not usually lifeguarded, fill out #59-60
59. Is there a sign stating age restrictions as required in WAC 246-260? Yes No Other:

60. Is on-going notification provided to responsible adults about pool use rules for children at least annually as required in WAC 246-260?		
V. Rescue/Care Given at the Facility		
61. Who first saw the victim in distress needing help/rescue? Lifeguard/attendant Responsible adult By-stander EMT Facility staff Friend/acquaintance/relative Other:		
62. Who provided initial response to the victim? Lifeguard/attendant Responsible adult By-stander EMT Facility staff Friend/acquaintance/relative Other:		
63. How long did it take for the lifeguard/attendant to get to the victim after recognizing that there was an emergency? minutes seconds Information not available N/A		
64. Was any emergency equipment used?		
65. Was all the required emergency equipment present at the facility at the time of the incident? Yes No If no, what was missing?		
66. Was the victim breathing at the time of rescue?		
67. Was pulse detected at the time of rescue? Yes No Information not available		
68. Was EMS called?		
For CPR/AED response, fill out #69-76		
69. Was chest compression performed?		
70. Who provided chest compression? Lifeguard/attendant Responsible adult By-stander EMT Facility staff Friend/acquaintance/relative N/A Other:		
71. Was ventilation provided?		
72. Who provided ventilation? Lifeguard/attendant Responsible adult By-stander EMT Facility staff Friend/acquaintance/relative N/A Other:		
73. Was AED performed?		
74. Who performed AED? Lifeguard/attendant Responsible adult By-stander EMT Facility staff Friend/acquaintance/relative N/A Other:		
75. Time between the first rescuer reaching the victim and the beginning of CPR/AED? minutes seconds Information not available N/A		
76. Did CPR/AED successfully resuscitate the victim at the site?		

VI. Environmental Conditions				
Questions #77-84 refer to the conditions at the time of incident				
77. Weather conditions?				
78. Air temperature? degrees F Information not available				
79. Water temperature? degrees F Information not available				
80. Water clarity? Able to see the deepest bottom and main drains clearly. Cloudy but the bottom and main drains are still visible. Able to see some parts of the bottom or main drains. Unable to see any part of the bottom or main drains. Information not available				
81. Water surface?				
82. Did fog, steam, smoke, etc. possibly make it difficult to spot the victim? Yes No				
83. Did glare possibly make it difficult to spot the victim? Yes No Information not available				
84. Did poor lighting possibly make it difficult to spot the victim? Yes No Information not available				
Questions #85-87 refer to the conditions at the time of investigation				
85. Water temperature? degrees F				
86. Water clarity? Able to see the deepest bottom and main drains clearly. Cloudy but the bottom and main drains are still visible. Able to see some parts of the bottom or main drains. Unable to see any part of the bottom or main drains. If cloudy, how far (deep) can you see with a Secchi disk? feet				
87. What are the light meter readings?				
On the water surface: foot candles (darkest) to foot candles (brightest) On the pool deck: foot candles (darkest) to foot candles (brightest)				

VII. **Incident Narrative** Describe how the incident happened in detail in chronological order. Try to include the entire sequence of events starting from what the victim was doing before the incident, how the victim got involved in the incident, who was with the victim, who witnessed the incident, and ending with how the victim was recovered/rescued, what care was given, and what happened to the victim afterwards. Don't include identifiable information such as people's names. Use expressions such as "victim," "victim's father," "lifeguard A," "operator," and "by-stander B." If video surveillance is available, a minute-by-minute description of the incident is possible and preferred. Add additional pages if needed.

VIII. Sketch of the Area
Draw or insert a sketch of the area with applicable information such as location of injury, location of facility staff and/or responsible adult, position of person who spotted the injured person, location of emergency equipment, and depth of water at injury area. Add additional pages or include other forms of visual layouts if needed.

IX. Inspection of the Facility (if conducted at the time of evaluation)

Follow the enforcement guidelines to identify code violations and corrective actions. Attached additional pages if needed.

Code	Violation found	Corrective action suggested/taken

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).